FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 7:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000065902 (7)**

1. Corporation Name
THOMAS G. PORTUALLO, P.A.

Principal Place of Business	Mailing Address
201 E. PINE ST. SUITE 616 ORLANDO FL 32801	201 E. PINE ST. SUITE 616 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/01/1993**
3a. Date of Last Report: **03/25/1994**

2. Principal Place of Business
21 3200 Harrison Ave.
22 Suite, Apt. #, etc.
23 City & State: Orlando Fla.
24 Zip: 32804
25 Country: Orange

2a. Mailing Address
26 P.O. Box 541509
27 Suite, Apt. #, etc.
28 City & State: Orlando, Fla
29 Zip: 32854
30 Country: Orange

4. FEI Number: **59-3201309** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangibles tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PORTUALLO, THOMAS G
201 E. PINE ST.
SUITE 616
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Portualle, Thomas G.
82 Street Address (P.O. Box Number is Not Acceptable): 3200 Harrison Ave.
83
84 City: Orlando **FL** 85 Zip Code: 32804

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 4/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: PORTUALLO, THOMAS G STREET ADDRESS: 3409 IDLEGROVE CITY-ST-ZIP: ORLANDO FL 32822	11 TITLE: D ☒ Change ☐ Addition 12 NAME: Portualle, Thomas G. 13 STREET ADDRESS: 3200 Harrison Ave 14 CITY-ST-ZIP: Orlando, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/25/95 (407) 872-7688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D063032 CF